

## **APPLICATION DATA SHEET**

### **Application Information**

Application number::  
Filing Date:: 12/27/01  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: Paper  
Computer Readable Form (CRF)?:: Yes  
Number of copies of CRF:: 1  
Title :: METHODS, COMPOSITIONS AND KITS FOR  
THE DETECTION AND MONITORING OF  
BREAST CANCER  
Attorney Docket Number:: 210121.513C1  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 9  
Small Entity?:: No  
Petition included?:: No  
Petition Type::  
Licensed U.S. Gov't Agency:: National Cancer Institute  
Contract or Grant No:: CA-75794 CA-80518  
Secrecy Order in Parent Appl.?:: No

## First Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Raymond  
Middle Name:: L  
Family Name:: Houghton  
Name Suffix::  
City of Residence:: Bothell  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 2636 242nd Place Southeast  
City of mailing address:: Bothell  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98021

## Second Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Davin  
Middle Name:: C  
Family Name:: Dillon  
Name Suffix::  
City of Residence:: Issaquah  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 18112 Northwest Montreux Drive

City of mailing address:: Issaquah  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98027

### Third Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: A  
Family Name:: Molesh  
Name Suffix::  
City of Residence:: Kingston  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 12385 Northeast Klabo Road  
City of mailing address:: Kingston  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98346

### Fourth Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jiangchun  
Middle Name::  
Family Name:: Xu

Name Suffix::  
City of Residence:: Bellevue  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 15805 Southeast 43rd Place  
City of mailing address:: Bellevue  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98006

### **Fifth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Barbara  
Middle Name::  
Family Name:: Zehentner  
Name Suffix::  
City of Residence:: Bainbridge Island  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 4420 Bluff Lane  
City of mailing address:: Bainbridge Island  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98110

### Sixth Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: H  
Family Name:: Persing  
Name Suffix::  
City of Residence:: Redmond  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 22401 Northeast 25th Way  
City of mailing address:: Redmond  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98053

### Correspondence Information

Correspondence Customer Number :: **00500**

### Representative Information

Representative Customer Number::		<b>00500</b>
----------------------------------	--	--------------

### Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	09/825,301	04/02/01
09/825,301	Non-Provisional of	60/194,241	04/03/00

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name::	Corixa Corporation
Street of mailing address::	1124 Columbia Street, Suite 200
City of mailing address::	Seattle
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98104

JENH244859\_1.DOC [9/19/01]